EV7344504221

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

25006 75	CE ADDRESS (Note: Use Block 1 for 10/04/2005	any change of address)		papers. Each addition	mailing can only be used for its certificate cannot be used all paper, such as an assignment of mailing or transmission.	ept or formal drawing, must
GIFFORD, KRASS, GROH, SPRINKLE & CHIS PO BOX 7021 TROY, MI 48007-7021  DEC			2 2005 B	Certificate of Mailing of Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)		
15/2005 CNGUYEN1 00000039 10624228		73 2005				
C:1501 C:1504	1400.00 OP 300.00 OP	PARAJE TRADE	THE CONTROL OF THE PARTY OF THE			(Signature)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/624,228	07/22/2003	Jonathan Bor			HAM-10702/04	6965
TITLE OF INVENTION: CO	OLD START FUEL CONT	ROL SYSTEM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	01/04/2006
EXAMINER		ART UNIT		LASS-SUBCLASS	]	
CASTRO,	ARNOLD	3747		123-406470	_	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Gifford, Krass, Granderson  2SDrinkle, Anderson  3Citkowski, P.C.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO F	E PRINTED ON TH	IE PATENT (print	or type)		· <u>-</u>
DI DAGE MOTE, II da	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee date of this form is NOT	ata will appear on a substitute for filit	the patent. If an assign ag an assignment.	nee is identified below, the	document has been filed for
recordation as set forth in	_					
recordation as set forth in  (A) NAME OF ASSIGN		(B)	RESIDENCE: (CI	TY and STATE OR CO	UNTRY)	
	EE	` `	residence: (ci <sup>*</sup> Tokyo, J	apan _	·	
(A) NAME OF ASSIGNED Hitachi,  Please check the appropriate	EE Ltd. e assignee category or catego	ries (will not be prin	TOKYO, J	apan Individual 🖫 c	UNTRY)  Corporation or other private gr	roup entity Government
(A) NAME OF ASSIGNATION (A) NAME OF ASSIGNATION (A) Please check the appropriate 4a. The following fee(s) are	EE Ltd. e assignee category or catego	ries (will not be prin	TOKYO, J ted on the patent): Payment of Fee(s):	apan  Individual 🖫 C	Corporation or other private gr	roup entity Government
(A) NAME OF ASSIGNATION HITACHI,  Please check the appropriate  4a. The following fee(s) are  Issue Fee	EE Ltd. e assignee category or category enclosed:	ries (will not be prin 4b.	TOKYO, J  ted on the patent):  Payment of Fee(s):  A check in the a	apan Individual XI C	corporation or other private grands	roup entity Government
(A) NAME OF ASSIGNATION HITACHI,  Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No s	EE Ltd. e assignee category or catego	ries (will not be prin 4b. l	TOKYO, J ted on the patent): Payment of Fee(s): A check in the a Payment by cree	apan Individual Q C mount of the fee(s) is endit card. Form PTO-203	corporation or other private grands	
(A) NAME OF ASSIGNATION HITTACHI,  Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims St	EE Ltd.  e assignee category or category enclosed:  small entity discount permitted f Copies  (from status indicated above MALL ENTITY status. See	eries (will not be prin  4b. [ ed)  1  2  37 CFR 1.27.	ted on the patent): Payment of Fee(s): A check in the a Payment by crea The Director is Deposit Account No	Individual X Commount of the fee(s) is endit card. Form PTO-203 hereby authorized by comber 180 o longer claiming SMA	corporation or other private grands of the colosed.  8 is attached.  8 charge the required fee(s), or (enclose an extra colose)	credit any overpayment, to copy of this form).  CFR 1.27(g)(2).
(A) NAME OF ASSIGNATION HITTACHI,  Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No s Advance Order - # of  5. Change in Entity Status  a. Applicant claims St	EE Ltd.  e assignee category or category enclosed:  small entity discount permitted f Copies  (from status indicated above MALL ENTITY status. See	eries (will not be prin  4b. [ ed)  1  2  37 CFR 1.27.	ted on the patent): Payment of Fee(s): A check in the a Payment by crea The Director is Deposit Account No	Individual X Commount of the fee(s) is endit card. Form PTO-203 hereby authorized by comber 180 o longer claiming SMA	corporation or other private grands.  8 is attached.  8 charge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).  CFR 1.27(g)(2).
(A) NAME OF ASSIGNATION Hitachi,  Please check the appropriate  4a. The following fee(s) are  Issue Fee  Publication Fee (No s  Advance Order - # of  5. Change in Entity Status  a. Applicant claims St	EE Ltd.  e assignee category or category enclosed:  small entity discount permitted f Copies  (from status indicated above MALL ENTITY status. See	eries (will not be prin  4b. [ ed)  1  2  37 CFR 1.27.	ted on the patent): Payment of Fee(s): A check in the a Payment by crea The Director is Deposit Account No	Individual DO mount of the fee(s) is endit card. Form PTO-203 hereby authorized by comber 1 80 o longer claiming SMA re-apply any previous than the applicant; a reg	corporation or other private grands of the colosed.  8 is attached.  8 charge the required fee(s), or (enclose an extra colose)	credit any overpayment, to copy of this form).  CFR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.